

and their supporting staff (compensation, travel and training), will be reimbursed at 75% when the criteria of 42 CFR 432.50 are met. Changes in federal regulations affecting the matching percentage and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.

2. Provide the access to the information necessary to properly provide the EPSDT Administrative Case Management.
3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the Independence School District.
4. Provide initial training and technical assistance to staff of the Independence School District regarding the responsibilities assumed within the terms of this agreement.
5. Conduct in service training sessions for participating school districts on an annual basis.
6. Provide necessary consultation to the Independence School District on issues related to this agreement as needed by the school district.
7. Accept federally approved cost allocation on file at DESE as official cost allocation plan to be used in calculating amount of payment due.

The Independence School District agrees to:

1. Provide EPSDT Administrative Case Management as an instrument for the Department of Social Services, Division of Medical Services, to aid in assuring the availability, accessibility and coordination of required health care resources to Medicaid eligible children and their families residing within the district's boundaries. The Independence School District shall develop and submit within 90 days of the signing of this agreement, for approval by DMS, an internal process for measuring the progress of the district toward attainment of the ACM Program goals. The following list of activities have been identified as appropriate for providing the Administrative Case Management function.
 - a. Assisting children and families to establish Medicaid eligibility, by making referrals to the Division of Family Services for eligibility determination, assisting the applicant in the completion of the Medicaid application forms, collecting information, and assisting in reporting any required changes affecting eligibility.
 - b. Outreach Activities:

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- (1) informing foster care providers of all Title IV-E eligible children enrolled in DESE operated programs of the HCY/EPSTD program;
- (2) informing Medicaid eligible students who are pregnant or who are parents and attending DESE operated programs about the availability of HCY/EPSTD services for children under the age of 21; and
- (3) Outreach activities directed toward providers, recruiting them to become Medicaid providers and to accept Medicaid referrals.

c. Coordination of HCY/EPSTD Screens and Evaluations:

Assistance will be provided to eligible children and their families in establishing a medical care home as defined in Section 9 of the general chapter of the Missouri State Medicaid Manual. A medical care home is a coordinated, comprehensive, continuous health care program to address the child's primary health needs. The health care home should provide or make arrangements for after hours care, and coordinate a child's specialty needs. The health care home should follow the screening periodicity schedule and perform interperiodic screens when medically necessary. Conditions identified during the course of care may require the development of a plan of care. Coordination activities include, but are not limited to:

- (1) making referrals and providing related activities for EPSTD/HCY screens in accordance with the periodicity schedule set out in Section 9 of the General Section of the State Medicaid Provider Manual. EPSTD screens include comprehensive health and developmental, mental health, vision, hearing and dental screens.
- (2) making referrals and providing related activities for evaluations that may be required as the result of a condition identified during the child's screen;

d. Case Planning and Coordination:

This activity includes assistance to the client and the family in developing and carrying out a case or service plan. Activities include, but are not limited to;

- (1) identifying and arranging for medically necessary services to correct or ameliorate conditions identified in the child's Individual Educational Plan (IEP) or Individualized Family Service Plan (IFSP);
- (2) identifying and providing assistance for medically necessary and educationally relevant services re-

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quired as the result of any regular, interperiodic, or partial EPSDT/HCY screen;

- (3) developing and coordinating the meetings of any interdisciplinary teams that may be able to assist in the development and periodic review of the of the IEP or ISFP;
- (4) coordinating the closure of the case, referral to any services, and realignment of the case plan (IEP or ISFP);
- (5) assisting children and families in accessing immunization services and scheduling appointments;
- (6) arranging and coordinating prenatal, post-partum, and newborn medical services, making referrals to providers of targeted prenatal case management;
- (7) arranging and coordinating dietary counseling or medical services for children with medical needs including, but not limited to, gross obesity, diabetes, anorexia, or bulimia; and
- (8) arranging for and coordinating transportation for children and families to obtain medical screenings and services.

e. Anticipatory guidance to caretakers relating to specific medical needs of a child.

2. Account for the activities of staff providing EPSDT Administrative Case Management in accordance with the provisions of OMB Circular A 87 and 45 CFR parts 74 and 95. Follow predetermined methodology for evaluating the appropriate percentage of staff time, costs, etc. Develop and submit time study methodology with initial invoice.
3. Provide as requested by the Division of Medical Services, the information necessary to request federal funds available under the state Medicaid match rates.
4. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administrative, technical assistance and coordination.
5. Certify to DSS the provisions of the non-federal share for HCY Administrative Case Management via completion of DMS "Certification of General Revenue" form.
6. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds which are

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deferred and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the Independence School District.

7. Consult with the Division of Medical Services on issues arising out of this agreement.
8. Conduct all activities recognizing the authority of the state Medicaid agency in the administration of state Medicaid Plan on issues, policies, rules and regulations on program matters.
9. Maintain all necessary information for a minimum of five (5) years to support the claims and provide HCFA any necessary data for auditing purposes.
10. Submit claims on a quarterly basis.

III PROGRAM DESCRIPTION

EPSDT Administrative Case Management activities provide for the efficient operation of the state Medicaid plan. These activities aid the potential EPSDT eligible recipient to gain eligibility, access screening services, follow-up on referrals to additional medical providers, establish a health care home for the child, develop and coordinate a service plan, follow through on the case plan and assist the family in becoming able to meet its child's needs in such a way that they are able to function at an optimal level with minimal intervention.

EPSDT Administrative Case Management is committed to the least restrictive method of treatment for children and will maintain this as a priority.

IV PROGRAM EVALUATION PLAN

A designated representative from the Independence School District and the Medicaid agency shall meet annually for the purpose of program review and evaluation of policies for implementing the provisions of the interagency agreement.

V TERMS OF THIS AGREEMENT

The period of this Cooperative Agreement shall be from July 1, 1996, through June 30, 1998. This agreement shall be reviewed annually by a representative of both parties with recognition of that review being indicated by attached addendum. This agreement


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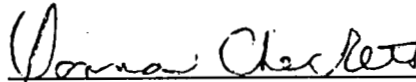
may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.



Gary J. Stangler, Director
Department of Social Services

9/21/96

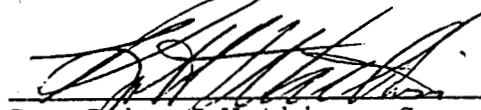
Date



Donna Checkett, Director
Division of Medical Services

9/24/96

Date



Dr. Robert Watkins, Superintendent
Independence School District

9/13/96

Date

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**COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, DIVISION OF MEDICAL SERVICES
and
THE DEPARTMENT OF MENTAL HEALTH
EPSDT ADMINISTRATION THROUGH THE
HEALTHY CHILDREN AND YOUTH (HCY) PROGRAM**

I. STATEMENT OF PURPOSE

The Missouri Departments of Social Services (DSS) and Mental Health (DMH), in order to provide the most efficient, effective administration of the Title XIX, Early Periodic Screening, Diagnosis, And Treatment (EPSDT), aka in Missouri as Healthy Children and Youth (HCY) Program, hereby agree to the conditions included in this Cooperative Agreement. The provision of EPSDT Administration by the DMH has been determined to be an effective method of coordinating services and improving care associated with providing identified services beyond the scope of the state plan which are medically necessary and Medicaid coverable services.

The Department of Social Services, Division of Medical Services recognizes the unique expertise of the DMH related to procuring and managing services for the treatment, rehabilitation and amelioration of mental illness, substance abuse and dependency, and mental retardation and developmental disabilities. The DSS, in order to take advantage of this expertise and relationship, enters into this cooperative agreement with the DMH for EPSDT administration including Prior Authorization of services and technical assistance within the limits of this agreement.

The Department of Social Services and the Department of Mental Health enter into this Cooperative Agreement with full recognition of all other existing agreements between these respective Departments which are currently included in the Title XIX State Plan.

II. MUTUAL OBJECTIVES

1. Assure early and appropriate intervention (screening) so that diagnosis and treatment occur in a timely manner.
2. Assure that services are of sufficient amount, duration and scope to responsibly achieve the stated purpose.
3. Establish a medical care home as defined in Section 9 of the General Chapters of the Medicaid provider Manual, for those Medicaid eligible children receiving EPSDT service coordination activities.

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4. Assure services are provided by appropriate Medicaid enrolled providers for the correction or amelioration of conditions identified through an EPSDT screen. The services authorized will be determined by the Medical Necessity of the services and the limitations of the EPSDT program as defined by the Medicaid Manual. No service may be prior authorized that has been determined to be unsafe, ineffective or experimental.
5. Assure only qualified, Medicaid enrolled providers are prior authorized to provide services.
6. Assist in establishing Medicaid programs in as many school sites as possible, to increase the availability of services to children with disabilities.

III. RESPECTIVE RESPONSIBILITIES

The Department of Social Services agrees to:

1. Reimburse the DMH the Title XIX federal share of actual and reasonable costs for EPSDT administration provided by the DMH staff and DMS staff positions and contract employees funded by DMH, based upon a time-accounting system which is in accordance with the provisions of OMB circular A87 and 45 CFR part 74 and 95. EPSDT administration costs include expense and equipment costs necessary to collect data, disseminate information, and carry out all the DMH staff functions outlined in this agreement. Also included are EPSDT research services and actual and reasonable EDP costs incurred for the provision of data necessary for the coordination, identification and effective case planning for the target population.

The rate of reimbursement for eligible administrative costs will be 50%, if claimed in accordance with the provision of 42 CFR 432. The rate of reimbursement for eligible costs qualifying under regulations applicable to Skilled Professional Medical Personnel and their supporting staff (compensation, travel and training), will be reimbursed at 75% when qualified under 42 CFR 432. Changes in federal regulations affecting the matching percentage, and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.

Reimbursement of the federal share shall be provided upon receipt of quarterly financial statement certified by the Department of Mental Health for eligible claims prepared in accordance with applicable federal regulations.

2. Provide the DMH access to information necessary to provide proper EPSDT administration.
3. Meet and consult on a regular basis, at least annually, with DMH on issues related to this agreement.
4. Participate in linkage of data systems for coordination, identification and effective case planning for the target population. The goal of this linkage is to monitor utilization, access and evaluation of program integrity.

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5. Participate in Medicaid related training that may be deemed necessary by the Director(s) of the DSS and/or the DMH.
6. Conduct fair hearings as required by 42 CFR 431 subpart E through the Department of Social services, Division of Legal Services, when requested by recipients who have been denied EPSDT program services. The hearings officer shall make available to them information and/or testimony supplied by the Department of Mental Health including clinical facts related to determining the client's eligibility for the EPSDT program services.
7. Select, manage and direct the work of FTEs and contracted employee funded by DMH. The tasks assigned to the FTEs will be the implementation and operation of statewide EPSDT service program, as outlined in this agreement. One FTE will be located in the Provider Enrollment Unit to assist in enrollment of DMH providers. Contract employees shall enter into a contract with DMH.

The Department of Mental Health agrees to:

1. Maintain appropriate professional, technical and clerical staff to provide EPSDT administration activities described in this agreement.
2. Account for the activities of staff, for which reimbursement is requested under this agreement in accordance with approved cost allocation plans (DMH Central Office and Regional Centers) and the provisions of OMB circular A87 and 45 CFR part 74 and 95.
3. Participate in linkage of data systems for coordination identification and effective case planning for the target population. The goal of this linkage is to monitor utilization, access and evaluation of program integrity.
4. Provide EPSDT administration as an agent for the Department of Social Services to assess the necessity and adequacy of medical care and services provided, and to act as liaison with multiple disciplines on the medical aspects of the program. Activities may include:
 - A. Outreach Activities: Assist in identifying possible Medicaid eligibles and referring them to the Division of Family Services for eligibility determination.
 - B. Service Coordination: Assist clients/families in establishing a medical care home as defined in Section 9 of the general chapter of the Missouri State Medicaid Manual, and making appointments for;
 1. Appropriate primary care and screening services.
 2. Evaluations and treatment services identified as medically necessary.

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- C. **Service (Case) Planning:** Includes the development of interdisciplinary/multidisciplinary teams and plan for coordination of medical services required for the child.
 - D. **Service Identification:** Includes following evaluations and case planning when there is a need for the identification of the kind, amount, intensity and duration of the needed service goals.
 - E. **Prior Authorization:** Includes the prior authorization of medically necessary HCY Psychology/Counseling Program services for employees of the Department of Mental Health authorized agents.
 - F. **Service Monitoring:** Includes reviewing the service plan but is not limited to the review of the provider's documentation of the client's progress at the time of the Service Plan Review. Other activities associated with this component are found in previous paragraphs concerning service coordination, planning and identification.
 - G. **Case Closure, Referral, and Realignment of Service Plan:** These services include the assurances:
 - 1. The DMH will act as a liaison in the due process for the recipient and his/her family, and
 - 2. the child will be maintained by a primary health care provider who will aid the family/child in accessing services if further need for evaluation or treatment services are identified.
5. Provide as requested by the State Medicaid Agency the information necessary to request Federal funds available under the State Medicaid match rate. Submit detailed billings and use Standard Form 269 in addition to the billings for the necessary certification by the Executive Officer of the Department of Mental Health.
 6. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds which are deferred and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of DMH.
 7. Participate in Medicaid related training that may be deemed necessary by the Director(s) of the DSS and/or the DMH.
 8. Maintain the confidentiality of client records and eligibility information received from the DSS and use that information only in the administrative, technical assistance, and coordination and quality assurance activities authorized under this agreement.
 9. Meet and consult on a regular basis, at least annually, with DSS on issues arising out of this agreement.

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10. Conduct all activities recognizing the single state Medicaid agency, as administrator of the state Medicaid Plan, has the authority to issue policies, rules and regulations on program matters.
11. Annually consider funding one or more FTEs on site and under the direct supervision of the Division of Medical Services from the DMH EPSDT core appropriation. Objectives of work assignments for such FTEs will be the implementation and operation of statewide EPSDT service programs. One FTE will be located in the Provider Enrollment Unit to assist in enrollment of DMH providers. Specific funding amounts per FTE (which may include salary and E&E) will be authorized annually by letter from DMH to DSS.
12. Provide funds and contracting authority for a ~~two-year~~ ^{11/1/94 - 12/31/94} period for a contracted employee to be assigned specific program duties benefiting DMH clients. The contract will be administered by DMS staff.

IV. PROGRAM DESCRIPTION

Accessing the least restrictive method of treatment for children is the priority of the EPSDT program. This priority must be maintained through administration of the EPSDT program.

EPSDT administration is the efficient operation of the state plan in activities which include:

1. Aiding potential EPSDT eligible recipients to gain eligibility and access screening services;
2. Following-up on referrals to additional medical providers;
3. Establishing a health care home;
4. Developing a service plan;
5. Following through on treatment plans; and
6. Aiding families in becoming capable of meeting their child's needs in such a way the child is able to function at an optimal level with less intervention.

V. PROGRAM EVALUATION PLAN

A task force consisting of the Directors of the respective departments, or their designees, and an equal number of other persons from their respective divisions chosen by the Directors shall meet at least annually for the purpose of program development, review, and evaluation to discuss problems and to develop recommendations to improve programs for better and expanded services to eligible individuals. These activities shall include consideration of:

1. The evaluation of policies, duties and responsibilities of each agency.

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